

Community Nurses' Perception of Factors Influencing Knowledge and Understanding of Code of Ethics and Professional Conduct

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ABSTRACT

Background: Nurses play a significant role in health care and have the most direct contact with patients, making them the most likely to encounter ethical questions regularly. Therefore, their knowledge and understanding of the code of ethics and professional conduct are essential. In Brunei Darussalam, these codes were developed in 2010 by the Nursing Board for Brunei, Ministry of Health. However, factors influencing nurses' knowledge and understanding of these codes have not yet been studied. **Objectives:** The purpose of this study was to examine community nurses' perception of factors influencing knowledge and understanding of the codes. **Methods:** A qualitative research approach was used as the study design. The data were collected through individual and group semi-structured interviews and analysed using the qualitative thematic analysis method. This study was conducted on community nurses who hold managerial responsibility in four health centres in Brunei. **Findings:** Three factors were identified to influence Bruneian nurses' knowledge and understanding of the codes. These factors were "a lack of reinforcement", "nurses' attitude", and "work environment". **Conclusion:** The knowledge of the codes by community nurses is deemed to be adequate. The findings, however, highlight the need for nurses to have an enhanced understanding of the codes.

Keywords: Code of Ethics, Professional Conduct, Community, Nurses, Knowledge, Understanding

INTRODUCTION

The code of ethics and codes of professional conduct (henceforth the codes) for nurses is crucial as it aids in making a rational moral judgement (1). Undoubtedly, nurses are the largest health service providers and have the highest direct contact with patients. Therefore, they are confronted with dilemmas in daily decision making more than other healthcare professionals (2). The first international code of ethics for nurses was approved in July 1953 by the International Council of Nurses (ICN). According to the Council of National Representatives (CNR) of the ICN, the first international code was adopted due to its

consideration of various countries' differences such as legislation, religion and culture.

Nevertheless, the CNR recommended that each country develop its codes for nurses based on the first international code. The first international code has been revised and renewed several times, with the latest version produced in 2012 (3). It is believed that amendments and updates are necessary due to constant changes in healthcare deliverance (4). On the other hand, the code of professional conduct for nurses refers to the desired manner of acting in a professional setting. The code of ethics usually governs the professional code of conduct (5). Nurses have the most direct contact with patients and are therefore more prone to encounter ethical concerns, necessitating a robust understanding of the standards. The codes are guidelines for nurses that set out the ethical obligations and requirements that apply to all nurses in all practise areas (6). Notably, the values and principles stated in these codes will help the nurses build rapport and develop trust in the therapeutic relationships with their patients (7). Additionally, it often results in patients' satisfaction and eventually creates positive

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psychological changes in nurses, such as competence and higher motivation (8).

The values and principles regulated in these codes help to protect patients' rights (9). However, nurses' adherence is vital to reduce the likelihood of ethical and professional misconduct (10). Continuous monitoring and evaluation of nurses' performance are crucial (11). Therefore, it is essential to gain insights on the subject from nurses' perspectives. According to a study conducted in Iran, 86% of nurses, 70% of patients and 53.3% of nurse managers rated nurses' adherence to ethical codes as satisfactory (2). The study revealed that there was no statistically significant difference between the ratings of patients and nurse managers. However, there was a statistically significant difference in viewpoints of nurse managers and nurses. A possible explanation for this would be that nurse managers are critically assessing the nurses' ethical performance. A limited number of studies have been performed on nurse managers' perceptions of the subject, especially in community settings. Therefore, it is important to conduct the proposed research to contribute to the lack of literature.

Next, several recent studies have recruited nurses to examine their knowledge and practice of ethical codes in different countries. An example is a study conducted in Egypt (12). According to the study, 63.3% of nurses had good knowledge, and 74.3% had an acceptable professional ethics practice. This result shows that the nurses' level of practice is better than their level of knowledge. Nonetheless, knowledge and practice are still significantly correlated. Furthermore, the study revealed a statistically significant correlation between ages, years of working experience and work setting with professional ethics knowledge. However, there is no notable association between personal characteristics such as age and marital status with professional ethics practice. This study's findings match those of a study performed in Nepal regarding a higher practice level than knowledge. In this study, 65.1% of nurses had adequate knowledge, and 76.4% of nurses had good practice of professional ethics (13).

Nevertheless, this study revealed no statistically significant correlation between knowledge and practice but showed a significant correlation between nurses' professional qualifications and knowledge. Overall, these studies share the same limitations in which both did not consider other influential factors that might not be stated as options in the quantitative questionnaires. Therefore, it is crucial to explore the subject further through a qualitative approach.

An example of a qualitative study on the subject was conducted in New Zealand that studied the nurses' ethical climate perception from the nurses' perspective (14). According to the survey, staffing levels, patient throughput, and the attitude of some nurse managers towards the nursing staff are the main factors that challenge nurses' adherence to professional ethics codes. This study relates ethical climate to nurses' moral distress to compromise in an uncompromising environment. However, it did not explore specific ethical values that may be affected the most by the identified challenges. Conversely, there is a limited number of recent studies on nurses' code of professional conduct. This may be due to more focus on research in ethics regulation as it governs professional conduct. A survey on registered nurses' perception of the code of professional conduct in Hong Kong (15). The study recommended the three principles in the country's code that nurses find most challenging to nursing practice. These are "safeguarding informed decision making for patients who were mentally incapacitated or unable to speak for themselves, participating in continuing nursing education, and raising objections to practices that compromise safe and appropriate care". However, due to its quantitative nature, it fails to explore the underlying factors of these challenges. In addition, the nurses' code of professional conduct across the world differs from one country to another. This is because it is usually governed by a country's particular code of ethics, primarily designed to fit its population's religion, culture, legislation, and lifestyle. In Brunei Darussalam, the Malay Islamic Monarchy or 'Melayu Islam Beraja (MIB)' philosophy is integrated into professional conduct. As a result, the study's importance is explained, as is the fact that it is the first of its kind in Brunei Darussalam.

However, in Brunei Darussalam, the codes for registered nurses and midwives (16, 17) was developed in July 2010; however, they have not yet been studied or interpreted. Therefore, the study examines the perception of factors that influence community nurses' knowledge and understanding of the codes in Brunei Darussalam.

METHODS

Design

Based on the study objectives, a descriptive qualitative research approach using the thematic analysis method was used.

Sample and Recruitment

The participants were approached with the help of gatekeepers from each of the community health centres chosen. A gatekeeper's role includes making the first contact with potential participants on behalf of the researcher, conveying a gentle reminder to participants before recruitment and before the interview. A purposive sampling method was used to recruit the participants. Two recruitment briefings were carried out, and a participant information sheet and a consent form were given to all 16 potential participants. A total of eight community nurses from four health centres met the inclusion criteria. The community nurses that participated in the study held different positions; one was a nursing officer (NO), three were senior staff nurses (SSN), and four were staff nurses (SN). The participants consisted of four males and four females aged between 35-54 years old. Six of them graduated with a bachelor's degree and two with a diploma, and all of them had more than six months of experience holding managerial responsibility.

Data Collection

All data was collected using four individual interviews and two group interviews with participants who were not the same as those who took part in the face-to-face interview. These interviews were held by researchers at the respective nurses' workplaces as requested, and no one other than the researchers and participants was present during the interviews. An interview protocol was used to guide the interview sessions to ensure a systematic interview process. A sheet listing the seven values and eight principles of the codes was given to all participants for easy reference during the interview. The interview consisted of 6 semi-structured questions and lasted between 25-70 minutes, and was audio-recorded and transcribed verbatim. It should be noted that the researchers developed the interview questions based on the gap in the existing literature, and the questions were pre-tested before the actual interview was carried out. Aside from audio-recording the interview sessions, the researchers also took field notes of relevant points to be analysed. Throughout the data analysis, data saturations were discussed among researchers. There were no follow-up interviews, and transcripts were not returned to participants for any further comments or corrections.

Data Analysis

The data from the interview sessions were recorded using an audio recorder. Then, the researchers transcribed the recorded data verbatim. Data analysis was guided by Braun and Clarke's

(18) six-phase framework for thematic analysis, which involved becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining themes and writing up. Therefore, the researchers read the transcriptions several times to grasp the meaning of the content. Then, both researchers used open coding and worked through hard copies of these transcripts with pens and highlighters to generate relevant data into initial codes. Next, post-it notes were used to create a coding tree of various themes. These themes were reviewed several times, and the three most significant themes were chosen and finalised. Themes were labelled using participants' own words or as close to their own words as possible. This means that these themes were derived entirely from the data and were not identified in advance.

Rigour

Firstly, to ensure credibility, the researchers used an ongoing observation strategy throughout the data analysis. This means that they read, analysed, theorised about the data several times and revised the concepts accordingly until they achieved the intended depth of insight. Second, the researchers offered a detailed overview of the study's method to achieve transferability. The researchers described the design, recruitment process, inclusion and exclusion criteria, sample size, demographic data, and data collection process. Next, to ensure dependability, the researchers employed a data analysis framework using Braun and Clarke's six-phase thematic analysis framework (18). Finally, to ensure confirmability, researchers described findings that reflected the original views of the participants. These views were presented as quotes and coded at the end for easy reference.

Ethical considerations

The study protocol was approved by the Joint Ethics Committee of Faculty and Ministry of Health Research Ethics Committee in Brunei (reference number UBD/PAPRSBIHSREC/2020/45). The ethical principles carefully followed throughout the study. All nurses were given both verbal and written information about the aim of the study. This includes its design, that their participation was voluntary and that they had the opportunity to withdraw their participation at any time before the start of data analysis. To protect the privacy and confidentiality of the data collected, only the research team granted access to the data, and all personal information is kept anonymous by using a code number for each participant.

RESULTS

Findings

According to the participants, numerous factors can affect community nurses' knowledge and practice of the codes in Brunei Darussalam. These factors are categorised into three broad themes: a lack of reinforcement, nurses' attitude, and work environment. Coded quotes which reflect the original views of the participants were presented in each theme.

Theme 1: Lack of Reinforcement

All participants identified that a lack of reinforcement was the most significant factor influencing community nurses' knowledge and understanding of the codes. According to the participants, nurses regarded these codes as "simply booklets" that they could keep. The majority of the participants were dismayed by the lack of verbal explanation following the dissemination of the books. As a result, this may contribute to the knowledge and understanding of these codes among nurses.

The nurses seem to read the books only once when they receive them and then forget about them. Every community health centre should have the training, a roadshow, a presentation, a refresher course, or at the very least posters to remind nurses about the ethical ideals and professional conduct guidelines. (Participant 2)

Furthermore, the majority of the participants felt that enforcing the codes should primarily be the nurse managers' responsibility. Nurse managers, on the other hand, tend to overlook it. This could be because the managers would have expected the nurses to read the codes independently.

I believe that nurse managers must play an important role in fostering awareness and using these guidelines. New nurses are usually briefed on the clinic in general, but managers may need to remind the nurses about the codes (Participant 7)

Theme 2: Attitude of Nurses

According to the participants, a personal desire to read, learn and understand the values and principles in both the code of ethics and professional conduct is significant. More than half of the participants stated that nurses' attitude is another factor that influences their knowledge. It is crucial for nurses to not wait for and rely heavily on reinforcements from other parties.

It is the individual's responsibility to learn these codes. Nurses should read the material they have been given in their spare time. (Participant 8)

The participants also stated that most nurses would only change their attitude towards the codes when necessary. Nurses will start to read these codes when they know they are going to be assessed.

Most staff nurses will only read and comprehend these codes when they are preparing for a promotion exam. (Participant 1)

Despite how nurses' attitudes influenced their knowledge of the codes, most participants believed that community nurses, in general, exhibited a good understanding of the codes' ethical norms and standards. This could be related to understanding the 'Melayu Islam Beraja (MIB)' philosophy's philosophy.

Most of the time, I feel that nurses have a strong knowledge of the ethical values and standards mentioned in the codes, but they may not know them all if asked to list them. They may be oblivious that they are following the rules. This is owing to Brunei's 'Melayu Islam Beraja' concept, which would be more familiar than the codes. (Participant 3)

According to the participants, nurses' ethical behaviour has improved as a result of their improved knowledge of ethical issues. Nurses, on the other hand, appear to be exhibiting more interest when ethical concerns arise.

Since multiple ethical issues are on the rise and nurses are talking about them, ethical conduct among nurses is improving. They will only pay attention and resort to the codes when difficulties arise. (Participant 4)

Theme 3: Work Environment

According to several participants, maintaining the privacy and confidentiality of patients is one of the most challenging factors for nurses to practice, especially when the work environment is hindering them from complying with it. The practice of specific ethical values and principles depends on the location and availability of facilities at the nurses' workplace. Community nurses working at health centres with adequate facilities find it less challenging to maintain the privacy and confidentiality of patients compared to those working at centres with inadequate facilities.

The environment of our centre does not allow nurses to work at their full potential to maintain the privacy and confidentiality of patients. They have to work with what they have most of the time, and it is beyond their capability to change it. (Participant 6)

Poor clinic conditions, according to the participants, can affect patients' responses toward healthcare. Some participants, for example, stated that due to the clinic's lack of privacy, patients are unable, to be honest about their concerns with nurses.

Our clinic has been merged with another. There are usually two staff nurses in a consultation room, one doing a Pap smear consultation and the other doing a prenatal care consultation. A curtain splits the room, but the patient on the other side can hear every aspect of the consultation. As a result, patients are sometimes hesitant to share their concerns, which might be serious. (Participant 5).

DISCUSSION

Nowadays, the nursing profession faces many challenges as there is an increase in demand for quality care and patient understanding. These challenges have been associated with professional or ethical dilemmas (19). In nurses' daily practice, they are responsible for adhering to the professional, ethical practice standards (20). Therefore, it is essential to investigate their knowledge and practice on the subject. The study was conducted to fill a gap in the literature regarding Bruneian community nurses' knowledge and understanding of the codes. It was an attempt to explore the subject from the community nurses' perspective. This study evolved from the increasing concern of ethical issues surrounding the nursing profession in the country.

The first theme of this study revealed that nurses' knowledge and practice of the codes are mainly affected by a lack of reinforcement. This is consistent with the result of previous studies. For example, an American study found that there were only half of the nurses that acted according to the ethical and professional conduct codes and thus, there was a need for reinforcement of educational programs on these codes so that nurses would use them as a framework in their daily nursing practise (21). Meanwhile, a study in Egypt found that the nurses' knowledge of professional ethics was limited in certain areas such as integrity, sincerity, respect, and patient rights, which could be due to a lack of training

programs (12). However, a study in the selected hospital concluded that 51% and 4% of nurses displayed excellent knowledge respecting professional ethics nursing concepts. This difference may be attributed to reinforcement strategies adopted within the selected hospital in M.P to strengthen their nurses' knowledge on the subject. This is consistent with a study by Nigeria (22), where 83% of nurses' attained their understanding of nursing ethics through workshops and seminars organised by the Nursing and Midwifery Council of Nigeria.

The second theme of the study also highlighted nurses' attitudes as another factor that influences their knowledge of the codes. This is parallel with the result of previous studies. For example, in Barbados, a study stated that nurse's reading is amongst the most significant sources of professional ethics knowledge and work experience, seminars, and lectures, according to most nurses who participated in the study (23). Meanwhile, a study in Iran revealed that 40.5% of nurses stated that they acquired knowledge of ethics by reading the nursing ethics codes formally given (24). Nevertheless, according to the present study's findings, nurses' ethical and professional conduct practices are better and adequate than their knowledge despite their attitude towards the codes. This is consistent with the result of a study in Nepal (13). However, unlike our findings where professional ethics is considered to meet an acceptable standard, the previous study revealed that nurses' understanding of the subject could be further improved, especially regarding the principle of justice. This discrepancy might be because nurses working in hospitals face more ethical dilemmas in their nursing practice than those working in community health centres.

The third theme of the study further showed that the work environment, particularly a lack of facilities in the clinic, poses challenges for nurses to maintain patients' privacy and confidentiality. This is parallel to a study in Iran where the results revealed organisational precondition as one factor influencing professional ethics among nurses (25). Furthermore, the organisational arrangement should be compatible with professional ethics knowledge (26). One of the three common reasons nurses failed to adhere to ethical and professional conduct codes is a disparity between the codes and the realities in clinical environments (27). When there is an improper organisational arrangement in the health care systems, nurses cannot utilise professional ethics knowledge in practice (28). A study in Egypt also demonstrated

that less than half of nurses had an adequate practical application of respecting human dignity due to an unprepared environment (12). On the contrary, it is still possible for nurses to practice according to professional ethics amidst inadequate facilities for healthcare (29). They must undergo continuous professional ethics education to increase their creativity and transform their approaches toward the provision of nursing care. However, this expectation may be unrealistic (29). In general, the findings from this study were consistent with several previous studies. Previous studies noted a lack of reinforcement, nurses' attitudes, and work environment as contributing factors that led to poor professional ethics knowledge and understanding. This study provides insight into how these factors also affect the Bruneian nurses' knowledge and understanding of the codes.

LIMITATION

The present study used a qualitative approach to explore factors that affect Bruneian community nurses' knowledge and understanding of the codes. The semi-structured interviews conducted allowed the detailed elaboration of nurses' perception of the codes, contributing to the study's strength. This study only recruited community nurses from four community health centres in one single district. Therefore, a recommendation for future research is to include community nurse managers from all four districts in Brunei Darussalam to increase generalisability.

CONCLUSION

The study identified that a lack of reinforcement, nurses' attitude, and work environment influence Bruneian community nurses' knowledge and understanding of the ethical codes and professional conduct. The knowledge of the codes by community nurses is deemed to be adequate. The findings, however, highlight the need for nurses to have an enhanced understanding of the codes.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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